

MUTUAL REQUEST TO WAIVE FACT FINDING

(File original and 2 copies with the Maine Labor Relations Board,
90 State House Station, Augusta, Maine 04333-0090.)

File prior to the scheduling of any interest arbitration proceeding for which a waiver of fact finding is sought.

The requesting parties hereby certify that they have been engaged in collective bargaining for either a successor or initial collective bargaining agreement and now mutually apply to waive fact finding under the provisions of 26 M.R.S.A. § 965(3)(D). They further agree to submit the results of any interest arbitration proceedings to the Maine Labor Relations Board as provided in 26 M.R.S.A. §§ 965(4), 979-D(4)(E), or 1026(4)(B).

EMPLOYEE ORGANIZATION:

Name _____

Address _____

_____ Zip _____

Telephone _____

E-Mail (if available) _____

Contact person, if other than above

Telephone _____

EMPLOYER:

Name _____

Address _____

_____ Zip _____

Telephone _____

E-Mail (if available) _____

Contact person, if other than above

Telephone _____

1. Number of issues at the commencement of negotiations _____
2. Number of issues remaining after mediation, if mediation conducted _____
3. Number of issues the parties seek to present to arbitration _____

Signature and capacity of Employee Representative

Date Signed

Signature and capacity of Employer Representative

Date Signed

The issues to be presented to arbitration must be attached and marked "Issues in controversy, Exhibit 1."